internship with a disparaging view of the emotional troubles of their patients."

Costs of treatment are mentioned as though irrelevant to medical care. The instructor whose concern is solely with the technology of care forgets to tell us that at some point care becomes so expensive that patients might rather remain ill than accept a life-long debt for their treatment.

We can sum up our feelings about the curriculum with a sentence from Dr. Leon Eisenberg's graduation address to the 1968 Johns Hopkins medical graduates, "A cynic might be tempted to characterize medical education as the process of providing largely incorrect answers to students who have not asked any questions — incorrect answers, if not when given, then so by the time of practice because of the rate at which new knowledge is obtained—not responsive to questions because the student has not generated his own out of clinical responsibility."

3. *Research and Teaching.* We are curious why the religion of the medical research complex is not to be questioned in a community of scholars, least of all by students. Yet, University of Rochester Dean, Kenneth Clark, wrote in an editorial in *Science*: "It is clearly within the capability of the university to assume an expanded role in dealing with society's problems while assuring that the modes of attack are in accord with scholarly values. If our students, by their protests and dissents, stir us to speed this process, we shall be in their debt."

The mythology which the religious faith in research inspires is particularly striking to us in teaching. If a teacher is a first-rate researcher but cannot or will not *teach*, we are assured that either we must be mistaken (since a leading investigator is naturally a good teacher), or else his teaching does not matter because *he* is learning so much. On the other hand, a sensitive and sentient physician who is an ideal preceptor of the science and art of medicine is pressured to do research, although he may tell us he has no interest in adding to the paper explosion and thinks his colleagues might benefit from his example.

4. *The Medical School and the Community.* To quote Eisenberg again, "The physician must take the initiative in developing health care programs for indigent populations, programs that coordinate social with medical efforts, programs designed to combat dependency and to promote reintegration of the disadvantaged into the mainstream of our society. All of this will have to be reflected in patterns of medical education that are closely related to the new conditions of practice." But Eisenberg seems to write off the medical schools as source of this "initiative," and to look to them only to "reflect" the new conditions of practice in their patterns of medical education.

We do not write off our medical schools. We believe in the intelligence of our teachers. If only they can be convinced of the need for change, their solutions to the questions we ask may be better than our own.

ERIC WILLIAMS, *President*
Med IV, UCLA

JAY CALDWELL, *President*
Med III, UCLA

DON A. ROGERS, *President*
Med II, UCLA

MARK JANSSEN, *Editor*
PLEXUS 1966-1967

KEVIN MURPHY, *Editor*
PLEXUS 1967-1968

EVAN BELLIN, *Editor*
PLEXUS 1968-1969

ROBERT BUKER, *Chairman*
Student Health Organization, UCLA

Acute Renal Failure Due To a Bismuth Preparation

To the Editor: I am writing to demur at "Acute Renal Failure Due to a Bismuth Preparation" reported by John A. James in the October 1968 issue of CALIFORNIA MEDICINE (pages 317-319). I hold no brief for bismuth sodium triglycollamate (Bistrimate®) which the patient took. I agree that this could well be left to lapse into innocuous desuetude, where I considered it to be. Still, the case report of a patient having renal shut down subsequent to this innocuous drug, and therefore *surely* because of it, is neither good logic nor good pharmacology. A classic example of this post hoc, ergo propter hoc line of reasoning in pharmacologic evaluation was the elderly gaffer who told his son, "That there saltpeter that they fed us during World War I to control our passions—it's beginning to work on me now!"

Before going all out on his indictment of Bistrimate, Dr. James should weigh more heavily the fact that this patient also had, as he says, "at the same time" penicillin. Painful as it may be to think that a "good guy" like penicillin could also be a Child Molester, it is and has been. It has indeed produced (reported) cases of renal shut down, much more clear-cut in their cause and effect relationship than this case. I would also consider suspicious the fact that this girl had had some fairly severe systemic illness for five days prior to either Bistrimate or penicillin. Almost any urologist will enthusiastically concur in the fact that people do develop renal shut downs for this reason, or for no discernible reason.

In the Los Angeles area, Dr. James could either run this through MEDLARS data retrieval computer at UCLA, or use the cheaper and more efficient older model data retrieval device, produced by unskilled labor and with no repair, maintenance or amortization cost known as the George X. Trimble. I think that a quick run-through on either of these marvels would suggest to him that his prosecution of Bistrimate in this case would wind up in a Scotch verdict: "Not Proved."

MURRAY C. ZIMMERMAN, M.D.
Whittier

EDITOR'S NOTE: Dr. Zimmerman's letter was forwarded to the author of the case report in question. His reply is printed in the adjoining column.

The Author Replies

Evidence linking specific toxicity to a specific drug can seldom be proof-positive in the individual case. The exposure cannot be repeated in order to confirm the association, and the possibility of exposure to other toxic agents, known and unknown, can rarely be absolutely excluded.

Renal injury occasionally occurs as a manifestation of hypersensitivity to penicillin, although acute renal failure is exceptionally rare. Many of these patients have rashes, fever or other evidence of hypersensitivity. A renal biopsy would have been helpful in excluding this possibility. Bismuth sodium triglycollamate, however, is not as "innocuous" as Dr. Zimmerman implies; this drug was implicated in two of the recent cases of acute bismuth nephrotoxicity cited in the case report. The clinical manifestations and laboratory findings were entirely consistent with acute bismuth intoxication in our patient, and of course the usage of bismuth is infinitesimal compared with that of penicillin.

The weight of circumstantial evidence implicating bismuth in this case seems to me overwhelming. However, I will concede the point to Dr. Zimmerman that the man caught speeding in the stolen car may not always be the thief.

JOHN A. JAMES, M.D.
Los Angeles

IDENTIFICATION OF "MYXEDEMA MADNESS"

"Some patients with myxedema may present with so-called 'myxedema madness' or appear to have what may be a psychosis. If one is not thinking of the possibility of myxedema in such patients, they may be misdiagnosed as schizophrenic or psychotic and treated as such without having proper therapy instituted. These patients have completely reversible psychoses with substitution of thyroid therapy."

—BERTRAM J. CHANNICK, M.D., Philadelphia

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